**Recipient Committee**  
**Campaign Statement**  
**Cover Page**

---

**1. Type of Recipient Committee:**  
- [x] Officeholder, Candidate Controlled Committee  
- [ ] State Candidate Election Committee  
- [ ] Recall  
- [ ] General Purpose Committee  
- [ ] Sponsored  
- [ ] Small Contributor Committee  
- [ ] Political Party/Central Committee  
- [ ] Primarily Formed Ballot Measure Committee  
- [ ] Controlled  
- [ ] Sponsored  
- [ ] Primarily Formed Candidate/Officeholder Committee  
- [ ] Amendment (Explain below)

**2. Type of Statement:**  
- [ ] Preelection Statement  
- [ ] Semi-annual Statement  
- [ ] Special Odd-Year Report  
- [x] Quarterly Statement  
- [ ] Termination Statement  
- [ ] (Also file a Form 410 Termination)

---

**3. Committee Information**  
**I.D. NUMBER:** 1386883  
**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):** Chavez for Council 2018  
**STREET ADDRESS (NO P.O. BOX):**  
1920 West Hemlock Street  
**CITY:** Oxnard  
**STATE:** CA  
**ZIP CODE:** 93035  
**AREA CODE/PHONE:** 805-946-3516

**MAILING ADDRESS:**  
1920 W Hemlock St  
**CITY:** Oxnard  
**STATE:** CA  
**ZIP CODE:** 93035  
**AREA CODE/PHONE:** 805-946-3516

---

**4. Verification**  
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Executed on:**  
- [ ] 03/17/2018

**By:**  
Signature of Treasurer or Assistant Treasurer

**By:**  
Signature of Controlling Officetholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

---

**Treasurer(s):**  
**NAME OF TREASURER:** Daniel Chavez, Jr.

**MAILING ADDRESS:**  
1920 W Hemlock St  
**CITY:** Oxnard  
**STATE:** CA  
**ZIP CODE:** 93035  
**AREA CODE/PHONE:** 805-946-3516

---

**FPPC Form 460 (Jan/2016)**  
**FPPC Advice:** advice@fppc.ca.gov (866/275-3772)  
**www.fppc.ca.gov**
5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

Daniel Chavez, Jr.

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

City of Oxnard, Councilmember

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)**

1920 W Hemlock St

**CITY**

Oxnard

**STATE**

CA

**ZIP**

93035

**Related Committees Not Included in this Statement**: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO. P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

□ SUPPORT

□ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ SUPPORT □ OPPOSE</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ SUPPORT □ OPPOSE</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ SUPPORT □ OPPOSE</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ SUPPORT □ OPPOSE</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

*Attach continuation sheets if necessary*
### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$354.67</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$1,554.67</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$305.56</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$305.56</td>
</tr>
<tr>
<td>Nonmonetary Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$354.67</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$660.23</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

*If this is a termination statement, Line 16 must be zero.*

### Cash Equivalents and Outstanding Debts

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received</td>
<td>$1/1 through 6/30 7/1 to Date</td>
</tr>
<tr>
<td>Expenditures Made</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Expenditures Made*</td>
<td>(If Subject to Voluntary Expenditure Limit)</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yy)</td>
<td>Total to Date</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Schedule A
Monetary Contributions Received

**Name of Filer:** Chavez for Council 2018

**Statement covers period:**
- From: 01/01/2018
- Through: 03/17/2018

**I.D. Number:** 1386883

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Amount Received This Period</th>
<th>Cumulative to Date Calendar Year (Jan. 1 - Dec. 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/16/18</td>
<td>Donna Butler 2200 Pacific Coast Hwy Ste 103 Hermosa Beach, CA 90254</td>
<td>IND</td>
<td>Agent State Farm</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>03/17/18</td>
<td>GROW Elect - FPCC# 1342160 1022 G Street Sacramento, CA 95814</td>
<td>COM</td>
<td></td>
<td>1,000.00</td>
<td>1,000.00</td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. **Amount received this period – itemized monetary contributions.**
   - (Include all Schedule A subtotals.) ......................................................... $ 1,100.00

2. **Amount received this period – unitemized monetary contributions of less than $100** ......................................................... $ 100.00

3. **Total monetary contributions received this period.**
   - (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ......................................................... TOTAL $ 1,200.00

---

*Contributor Codes:
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee*

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov
Schedule C
Nonmonetary Contributions Received

Statement covers period from 01/01/2018 through 03/17/2018

NAME OF FILER
Chavez for Council 2018

I.D. NUMBER
1386883

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/09/18</td>
<td>GROW Elect - FPPC# 1342160 1022 G Street Sacramento, CA 95814</td>
<td>☑ OTH</td>
<td>Walk List &amp; Maps</td>
<td>354.67</td>
<td>354.67</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 354.67

Schedule C Summary

1. Amount received this period — itemized nonmonetary contributions. (Include all Schedule C subtotals.) $ 354.67

2. Amount received this period — unitemized nonmonetary contributions of less than $100 $

3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL $ 354.67

*Contributor Codes
IND — Individual
COM — Recipient Committee
OTH — Other (e.g., business entity)
PTY — Political Party
SCC — Small Contributor Committee

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Schedule E
## Payments Made

### Codes:
- CMP: campaign paraphernalia/misc.
- CNS: campaign consultants
- CTB: contribution (explain nonmonetary)*
- CVC: civic donations
- FIL: candidate filing/ballot fees
- FND: fundraising events
- IND: independent expenditure supporting/opposing others (explain)*
- LEG: legal defense
- LIT: campaign literature and mailings
- MBR: member communications
- MTG: meetings and appearances
- OFC: office expenses
- PET: petition circulating
- PHO: phone banks
- POL: polling and survey research
- POS: postage, delivery and messenger services
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RFD: returned contributions
- SAL: campaign workers' salaries
- TEL: t.v. or cable airtime and production costs
- TRC: candidate travel, lodging, and meals
- TRS: staff/spouse travel, lodging, and meals
- TSF: transfer between committees of the same candidate/spONSor
- VOT: voter registration
- WEB: information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodland Hills Printing</td>
<td>CMP</td>
<td>Campaign Flyers</td>
<td>148.16</td>
</tr>
<tr>
<td>21602 Ventura Rd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodland Hills, CA 91364</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 148.16
2. Unitemized payments made this period of under $100 $ 157.40
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)). $ 305.56
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) $ 148.16

SUBTOTAL $ 148.16

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2018
through 03/17/2018

CALIFORNIA FORM
Page 7 of 7

SCHEDULE I

NAME OF FILER
Chavez for Council 2018

FULL NAME AND ADDRESS OF SOURCE
(If Committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/25/18</td>
<td>Chavez for Assembly 2018 - FPPC 1650 E. Gonzales Rd., #302 Oxnard, CA 93036</td>
<td>Monetary Contribution of Terminated Committee.</td>
<td>329.52</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $ 329.52
2. Unitemized increases to cash of under $100 this period. .................................. $
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .......................................................... $
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .......................................................... TOTAL $ 329.52

FPPC Form 460 (Jan/2016)
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